

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102296

1. Entity Name

VENETIAN HOMES, INC.

Principal Place of Business

7000 S TAMiami TRAIL
VENICE FL 34293

Mailing Address

7000 S TAMiami TRAIL
VENICE FL 34293-5114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0715635

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

N. BERRY TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

7000 S TAMiami TRAIL

VENICE, FL.

City

FL

Zip Code

34293

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

N BERRY TAYLOR, PRESIDENT

DATE

1/25/00

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME BERRY, N BERRY SR
STREET ADDRESS 7000 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34293



TITLE VSD
NAME TAYLOR, THOMAS H JR
STREET ADDRESS 7000 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34293



TITLE VTD
NAME TAYLOR, J DAVID
STREET ADDRESS 7000 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34293



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME TAYLOR, N. BERRY, SR.
STREET ADDRESS
CITY-ST-ZIP



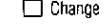
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change Addition

TITLE
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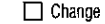
Change Addition

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Change Addition

TITLE
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CITY-ST-ZIP



Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS H. TAYLOR, JR.

1/25/00

941-493-8549

Date

Daytime Phone #

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 025 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)